

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/089743 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5						
6						
7						
8						
9						
10						
11	1					
12	1		1			
13	1		1			
14		1				
15		1				
16		1				
17		4				
18	1		1			
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45						
46						
47						
48						
49						
50						
TOTAL IND.			4			
TOTAL DEP.			14			
TOTAL CLAIMS			10			

TOTAL IND. TOTAL DEP. TOTAL CLAIMS